

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047924

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 250

FILED JAN 7 1962

1. PLACE OF DEATH a. COUNTY Phelps b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 504 N. Walnut St.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps c. CITY OR TOWN Rolla d. STREET ADDRESS (If outside, give location) 504 N. Walnut St.	
3. NAME OF DECEASED (Type or print) First JAMES Middle MISKEL Last LOVE		4. DATE OF DEATH Month December Day 28 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/3/80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman, retired		10b. KIND OF BUSINESS OR INDUSTRY Machine Co.	
11. BIRTHPLACE (City and state or country) Marion County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph Love		13b. MOTHER'S MAIDEN NAME Clarissa Ostrander	
14. NAME OF HUSBAND OR WIFE Jessie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Jessie Love Rolla, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) arteriosclerosis DUE TO (c) 10 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH sudden	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8-3-62 Month, Day, Year 12-28-62 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Rolla COUNTY Mo STATE Missouri	
21. I attended the deceased from 8-3-62 to 12-28-62 and last saw him alive on 12-27-62 . Death occurred at 3 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. D. Sticker M.D. (Degree or title)		22b. ADDRESS Rolla Mo	
22c. DATE SIGNED 12-28-62		23. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/30/62	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens	
24. FUNERAL DIRECTOR By Paul E. Hull Son, Funeral Home		25. DATE RECD. BY LOCAL REG. Dec. 30, 1962	
26. REGISTRAR'S SIGNATURE Nedra L. Stoll		27. ADDRESS	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JAN 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Paul E. Hull

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.